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APPLICANTS

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** CONTINUING DATA ***** *None TN*

** FOREIGN APPLICATIONS ***** *None TN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
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Verified and Acknowledged *[Signature]* *TN*
 Examiner's Signature Initials

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TITLE

Axial Compression Tool and method of use

FILING FEE RECEIVED 874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)
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